



Transportation Network Vehicle Permit Application

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Applicant's Name (Permit Holder): _____

Residence Address: _____ Zip: _____

Email Address: _____ Residence or Cell Phone: _____

Business Name: _____ Phone Number: _____

Business Address: _____

1. Check business type: ☐ Sole Owner ☐ Limited Liability Company ☐ Corporation
 ☐ Partnership ☐ Association

2. The identification of the applicant and the business addresses of the applicant, all members of any firm, association or partnership, and of all principal shareholders, officers, directors, and managers of any corporation applying.

a. Name _____
 (First) (Middle) (Last) (Daytime Phone)

Residence _____
 (Street) (City) (State) (Zip Code)

Business _____
 (Street) (City) (State) (Zip Code)

b. Name _____
 (First) (Middle) (Last) (Daytime Phone)

Residence _____
 (Street) (City) (State) (Zip Code)

Business _____
 (Street) (City) (State) (Zip Code)

c. Name _____
 (First) (Middle) (Last) (Daytime Phone)

Residence _____
 (Street) (City) (State) (Zip Code)

Business _____
 (Street) (City) (State) (Zip Code)

----- If Business is a **Corporation**, Complete this Section -----

3. Name of corporation: _____

State of incorporation: _____ Date of incorporation: _____

(Attach copy of Certificate of Incorporation)

4. List the name with the number of shares and percentages held by each stockholder who holds 10% or more of the capital stock (attach additional sheet if needed):

----- If Business is a **Limited Liability Company**, Complete this Section -----

5. Name of Limited Liability Company: _____

State of organization: _____ Date of organization: _____
(Attach copy of Certificate of Organization)

6. List the names of all members and percentages of each LLC members interest.

Additional disclosures when corporation or LLCs are members may be required

7. Have you (applicant) or any members of any firm, association or partnership, or all principal shareholders, officers, directors and managers of any corporation applying, been convicted of a violation of any federal or state felony or, within the previous 12 months, have been convicted of violating any provision of this code or has ever had a permit issued under this article revoked or suspended? YES NO If yes, please explain:

8. Do you (applicant) or anyone listed in this application have any unpaid claims or unsatisfied judgments for damages resulting from the negligent operation of a vehicle for hire? YES NO If yes, please explain:

9. Vehicle Information.

Vehicle owner: _____ State licensed: _____

State license plate number: _____ Expiration Month/Year: _____

Vehicle make/model: _____ Vehicle Year: _____

Vehicle Identification Number: _____

I agree to promptly report any changes in the information provided with this application and I understand that any and all changes of ownership or management and control of the business must be immediately submitted to the Director of the Neighborhoods and Housing Services Department (NHSD).

I will obey all laws, rules, regulations, and policies that govern transportation network companies, transportation network services, transportation network drivers and transportation network vehicles.

I will not allow transportation network drivers to utilize their transportation network service until the drivers have met all requirements of this chapter and are in good standing with the director.

I have familiarized myself with the provision of Chapters 70 and 76, Code of General Ordinances, City of Kansas City, Missouri and agree to comply with these provisions in the conduct of this business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

SIGNATURE OF APPLICANT

DATE

-----INVESTIGATOR -----

Date Case Completed: _____

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____

Contingency and other items needed prior to issuance of license _____

_____/_____
_____/_____
_____/_____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Regulated Industries Division investigator

-----INVESTIGATIONS SUPERVISOR -----

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Comments: _____

Regulated Industries Division investigations supervisor

-----ASSISTANT MANAGER -----

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Comments: _____

Regulated Industries Division assistant manager

-----MANAGER -----

This application & license is hereby ☐ Approved ☐ Disapproved

Comments: _____

Regulated Industries Division manager

Date

